

Foster Family Home - Corrective Action Report

Provider ID: 1-120001

Home Name: Starlyn Cabading, CNA

91-1061 Kauiki Street

Ewa Beach HI 96706

Review ID: 1-120001-7

Reviewer: David Ayling

Begin Date: 12/13/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/13/18. Corrective Action Report issued during home visit with all items due to CTA by 1/13/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - TB clearance for CG #4 done on 11/8/18. Expired on 9/27/18.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Starlyn Caba, CNA

CCFFH Address: 91-1061 Kauiki St., Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	I received a current tb clearance from CG #4 and placed in my CTA binder.	1/18/19	I wrote out a list of the expiration dates for tb paperworks for all CG's and put it in the front pocket of my CTA binder. I will look at it monthly.

Primary Caregiver's Signature: _____

Print Name: Starlyn Cabading

Date of Signature: _____

January 18, 2019